

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003678

1. Entity Name
HMTF/OLYMPUS GP, INC.



Principal Place of Business
300 CRESCENT CT., STE. 500
DALLAS, TX 75201

Mailing Address
300 CRESCENT CT., STE. 500
DALLAS, TX 75201

2. Principal Place of Business
5080 Spectrum Drive
Suite, Apt. #, etc.
Suite 1050 E

3. Mailing Address
5080 Spectrum Drive
Suite, Apt. #, etc.
Suite 1050 E

City & State
Addison, Texas

City & State
Addison, Texas

Zip
75001

Country

Zip
75001

Country

4. FEI Number
75-2594393

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

03

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2625

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RIGGS, ROBERT S	
STREET ADDRESS	300 CRESCENT COURT SUITE 500	
CITY-STATE-ZIP	DALLAS, TX 75201	
TITLE	CEOP	<input type="checkbox"/> Delete
NAME	DENIGER, DAVID B	
STREET ADDRESS	300 CRESCENT COURT STE 500	
CITY-STATE-ZIP	DALLAS, TX 75201	
TITLE	V	<input type="checkbox"/> Delete
NAME	HARATTIE, CLARK	
STREET ADDRESS	300 CRESCENT COURT STE 500	
CITY-STATE-ZIP	DALLAS, TX 75201	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	HOY, RON J	
STREET ADDRESS	300 CRESCENT COURT STE 500	
CITY-STATE-ZIP	DALLAS, TX 75201	
TITLE	VAS	<input checked="" type="checkbox"/> Delete
NAME	HALL, HAL R	
STREET ADDRESS	300 CRESCENT COURT STE 500	
CITY-STATE-ZIP	DALLAS, TX 75201	
TITLE	VS	<input type="checkbox"/> Delete
NAME	SMITH, TIMOTHY B	
STREET ADDRESS	300 CRESCENT COURT STE 500	
CITY-STATE-ZIP	DALLAS, TX 75201	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bartling John B.	
STREET ADDRESS	5080 Spectrum Drive, Suite 1000 E	
CITY-STATE-ZIP	Addison, Texas 75001	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5080 Spectrum Drive, Suite 1050 E	
CITY-STATE-ZIP	Addison, Texas 75001	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5080 Spectrum Drive, Suite 1050 E	
CITY-STATE-ZIP	Addison, Texas 75001	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5080 Spectrum Drive, Suite 1050 E	
CITY-STATE-ZIP	Addison, Texas 75001	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Minick Robin K.	
STREET ADDRESS	5080 Spectrum Drive, Suite 1000 E	
CITY-STATE-ZIP	Addison, Texas 75001	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5080 Spectrum Drive, Suite 1050 E	
CITY-STATE-ZIP	Addison, Texas 75001	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-18-03

972-980-2200

Date

Daytime Phone #

Ron J. Hoyl, Vice President

FILED

03 JUN 20 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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